Department of Health Services Toxic Substances Control Division Sacramento, California

A	UNIFORM HAZARDOUS  1. Generator's USERAID No. General	/enifest ument No.	2. Pa			ne shaded areas d by Federal			
` L	WASTE MANIFEST C A D 0 · 8 · 6 · 5 · 1 · 0 · 0 · 5 · 1 · Generator's Name and Mailing Address	· · ·	n of A.Sta	law. te Manifest Do					
	Douglas Aircraft Co. 190th & Normandie	8	482761 te Generator's	8					
-	Generator's Phone ( 213 533-6677 Torrance, CA 98609  Transporter 1 Company Name 6. US EPA ID Null	C.Sta	te Transporter	s ID	20194.				
°	011 Process Co.   C A D 0 5:0 8 0 6		nsporter's Pho						
7.		8. US EPA ID Number E.State Transporter's II.							
9.	Designated Facility Name and Site Address 10. US EPA ID Number CASMALIA P.O. Box E NTU Road Casmalla, CA 93429  [C A D 0.2.0.7 4 8]								
	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	12.Gont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.			
G E a. N E	Waste Sodium Hydroxide Solution-Corrosive UN1824	001	TT	- <del>0400</del> 07-000	G	121			
A b.									
R I c.			•						
d.					1				
1						es Listed Above			
	Additional Descriptions for Materials Listed Above Sodium Hydroxide 8% 6% PH 9.5 Sodium Aluminate 6% 4% Water 86% 90%			08/		alba;			
15	15. Special Handling Instructions and Additional Information  Guide #60  Use gloves, goggles, respirator - Day cause severe burns to skin & eyes.  16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  Date								
16									
abla	Printed/Typed Name D0nald C. Gerber Sb	W-	W	Ž.		Month Day Year			
	7. Transporter 1 Acknowledgement of Receipt of Materials	<del>"" A</del>	<del>141)</del>	<i>        </i>		Date			
R A N	Printed/Typed Name Signature	1/1/2	11	121		Month Day Year			
S	DAVID K GAGUE JUM 3. Transporter 2 Acknowledgement of Receipt of Materials	ne ff	4	<u> </u>	4	Date			
R C T E R	Printed/Typed Name CEMA 312 ture			<i>( )</i>		Month Day Year			
	9. Discrepancy Indication Space								
c	D. Facility Owner or Operator: Certification of receipt of hazardous materials covered	d by this m	anifest	t except as note	d in	Date			
Ť	Item 19.								
	CASMALIA RESOURCES Alice CRI	~+/	Mi	as allas.	14	Month Day Year			
1	CADIMIA ICIUMECO PRICE CIM	and the	A A Garage	the same of the first	hat Good				

Toxic Substances Control Div Sacramento, Calif Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

A	WASTE MANIFEST : A. F.		anifest ment No	of	is not law.	require	he shaded areas ed by Federal			
3. 4.	<b>19</b> 0	glas Aircraft Co. Eth & Normandie Trance, CA 98808		8	ate Manifest D 48276] ate Generator's	18	nt Number			
5.	Transporter 1 Company Name	C.Sta	ite Transporter	's ID	1019T .					
7.	Oil Process Co. Transporter 2 Company Name	e 8. US EPA ID Number				ne 's 1813	585-5063			
9.	Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429				F.Transporter's Phone G.State Facility's ID H.Facility's Phone					
				itainers 13. 14. I. Total Unit Waste No.						
)	Waste Sodium Hydroxide Solutio	n-Corrosive UN1824	001	IT.	-04500	G	121			
b.					<u>0 Z :0/2 0</u>					
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15	Sodium Hydroxide 8% 6% VII 7.5 Sodium Aluminate 6% 4% Nater 86% 90%  15. Special Handling Instructions and Additional Information  Guide #60									
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	for transport by highway according to applical	nmental r	regulat	ions.	Date					
	Printed/Typed Name DOnald C. Gerber	Signature Sb	73	$\mathcal{L}_{\omega}$	Law y		Month Day Yea ローロートランドム			
17	17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature									
18	Transporter 2 Acknowledgement of Receipt	4	7/	-4	<u>25/ K ∂ K ⁄∠</u> Date					
	Printed/Typed Name	Signature		7	t of the second		Month Day Year			
19	19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in the second										
-	Printed/Typed Name Signature						Date Month Day Year			
1				1						